## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

N T0002

| CLAIMS AS FILED - PART I   |                     |  |                 |   |                      |  |     | SMALL ENTITY        |                        |      | OTHER THAN            |                        |
|--|---------------------|--|-----------------|---|----------------------|--|-----|---------------------|------------------------|------|-----------------------|------------------------|
|  |                     |  | (Column 1)      |   | (Column 2)           |  | 7   | TYPE                |                        | OR   | SMALL ENTITY          |                        |
| TOTAL CLAIMS   |                     |  | 19              |   |                      | and the second s |     | RATE                | FEE                    |      | RATE                  | FEE                    |
| FOR  |                     |  | NUMBER FILED    |   | NUMBER EXTRA         |  |     | BASIC FEE           | 375.00                 | OR   | BASIC FEE             | 750.00                 |
| TOTAL CHARGEABLE CLAIMS  |                     |  | 19 minus 20=    |   | * 0                  |  |     | X\$ 9=              | 0                      | OR   | X\$18=                |                        |
| INDEPENDENT CLAIMS   |                     |  | 3 minus 3 =     |   | 0                    |  |     | X42=                | 0                      | OR   | X84=                  |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                     |  |                 |   |                      |  | ſ   | +140=               | 0                      | OR   | +280=                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                     |  |                 |   |                      | olumn 2  | •   | TOTAL               | 315                    | OR   | TOTAL                 |                        |
| CLAIMS AS AMENDED - PART II  |                     |  |                 |   |                      |  |     |                     |                        |      | OTHER                 | THAN                   |
|  |                     | (Column 1)   |                 | (Colur                                  |                      | (Column 3)   | _   | SMALL E             | ENTITY                 | OR . | SMALL                 | ENTITY                 |
| AMENDMENT A  |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 | HIGH<br>NUM<br>PREVIO<br>PAID           | BER<br>DUSLY         | PRESENT<br>EXTRA   |     | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               | *  | Minus           | **                                      |                      | =  |     | X\$ 9=              |                        | OR   | X\$18=                |                        |
|  | Independent         | *  | Minus ***       |   | F CLAIM              |  |     | X42=                |                        | OR   | X84=                  |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                           |                     |  |                 |   |                      |  |     | +140=               |                        | OR   | +280=                 |                        |
|  |                     |  |                 |   |                      |  | _   | TOTAL<br>ADDIT. FEE |                        | OR   | TÖTAL<br>ADDIT. FEE   |                        |
|  |                     | •  | ADDIT. FEE      |   |                      |  |     |                     |                        |      |                       |                        |
| AMENDMENT B  |                     | (Column 1) CLAIMS REMAINING AFTER AMENDMENT                    |                 | (Colui<br>HIGH<br>NUM<br>PREVIO<br>PAID | KEST<br>BER<br>OUSLY | PRESENT EXTRA  |     | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               | *  | Minus           | **                                      |                      | =  |     | X\$ 9=              |                        | OR   | X\$18=                |                        |
|  | Independent         | *  | Minus           | ***                                     | F OL A184            | =  |     | X42=                |                        | OR   | X84=                  |                        |
|  | FIRST PRESE         | NTATION OF M   | ULTIPLE DEF     | PENDEN                                  | CLAIM                |  | '   | +140≈               |                        | OR   | +280=                 |                        |
|  |                     |  |                 |   |                      |  | L   | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE   |                        |
|  |                     | (Column 1)   |                 | (Colu                                   |                      | (Column 3)   |     |                     |                        | -    |                       |                        |
| AMENDMENT C  |                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                      |                 |   |                      | PRESENT<br>EXTRA   |     | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                  | ADDI-<br>TIONAL<br>FEE |
|  | Total               | *  | Minus           | **                                      | <del></del>          | =  |     | X\$ 9=              |                        | OR   | X\$18=                |                        |
| AME  | Independent         | *<br>NTATION OF M  | Minus           | ***                                     | T CL AIM             | =  |     | X42≃                |                        | OR   | X84=                  |                        |
| -  | LINOIPHESE          | AND NO OF IN   | OLNELE DE       | LINDEIN                                 | CLANN                |  | 1   | +140=               |                        | OR   | +280=                 |                        |
|  |                     | mn 1 is less than t  |                 |   |                      |  | , L | TOTAL               |                        | ∩B   | TOTAL                 |                        |
| **   | 'If the "Highest No | imber Previously P<br>imber Previously P<br>nber Previously Pa | Paid For" IN TH | IS SPACE                                | is less tha          | an 3, enter "3."   |     | ADDIT. FEE          | propriat bo            |      | ADDIT. FEE<br>lumn 1. | L                      |